

Work Order ID 93061

November 14, 2012 8:55:10 AM

93061

Page 1

Item ID: D4655-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Speaker

Start Date: 11/14/12 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals:

Process Plan: C2Date: 12/11/14

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up
Run Hours

Tool ID

Unit #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D4655

A

100

0.00

100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 18402

Purchase part #: 4C5Z8

Supplier: QUAM

Material release note is required

C2 12/11/14 (14)

110

0.00

110

Receive & Inspect for Damage & Mat'l Certs

Packaging

Memo

0.00

Packaging

Ensure material release note is attached

12/11/14 (14)

120

0.00

120

QC6- Inspect dimensions to drawing

QC

Memo

0.00

Quality Control

DAS
16
12/12/07

(14)

Pto →

NCR: ☒ Yes ☐ No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: AW Date: 12/12/13QA Closed: CK Date: 11

Work Order: <u>93061</u>	DISPOSITION Rework <input checked="" type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. <u>D4653-7</u>		Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input checked="" type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
NCR No. <u>12-21310</u>					

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	12/11/14	#100	x2	Found at inspection during Shipping that Qty 2 Speakers were Damaged. The Tabs to bolt to were Bent and disformed	DAS 16 12/12/04 ASZ042	unable. → Return For credit or new Replacement parts Sole is Print.	SP 12/12/04	DAS 16 12/12/04	DAS 16 12/12/04
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
		<input checked="" type="checkbox"/> Other <u>PARTS were Damaged during shipping</u>

Work Order ID 93061

93061

Page 2

November 14, 2012 8:55:10 AM

Item ID: D4655-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Speaker

Start Date: 11/14/12 Start Qty: 14.00

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Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 14.00

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Description

Set Up
Run Hours

Tooling

Plan
Code

Reject
Qty.

Reject
Qty.

Reject
Number

SP
Stamp

130

Identify as per dwg & Stock Location: S113

0.00

130

Packaging

Memo

0.00

Packaging

14X

S
12-12-10

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

12/12/10

12-12-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

Picklist Print

November 14, 2012 8:55:10 AM

Page 1

Work Order ID: 93061

Parent Item: D4655-1

Parent Item Name: Speaker

Start Date: 11/14/12

Required Date: 11/16/12

Start Qty: 14.00

Required Qty: 14.00

Comments: IPP REV:A NEW ISSUE 12-10-26 JLM VERIOFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
4C5Z8 Speaker		Purchased	No			110	Each	0.0000	1	14		11/14/12 (14)	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

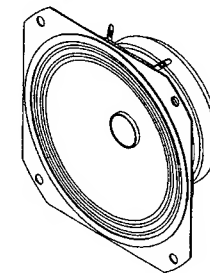
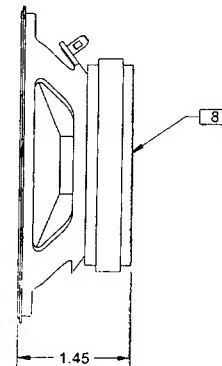
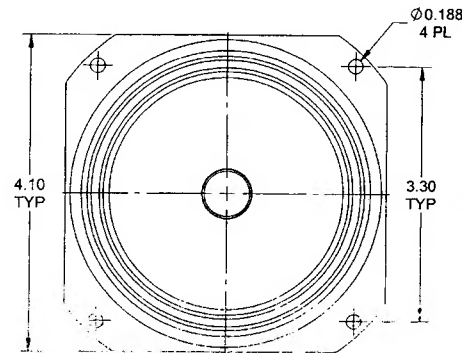
DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

SPECIFICATION CONTROL DRAWING



RELEASED
2012-11-05

DART PART NUMBER	DESCRIPTION	MANUFACTURER	MANUFACTURERS PART NUMBER	POSSIBLE VENDOR	POSSIBLE VENDOR PART NUMBER	FREQUENCY RESPONSE	POWER	IMPEDANCE	WEIGHT (lbs)
D4655-1	SPEAKER	QUAM	4C5Z8	NEWARK	33M7709	120 Hz TO 15 kHz	10 WATTS	8 OHMS	0.8

D4655-X SPEAKER

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: PER TABLE
- 8) STUDS IN THIS AREA TO BE CUT OFF. DO NOT GRIND.

02121114
W10.93061

A	NEW ISSUE	RF	12.07.25
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. A
MFG. APPR.	RF	D4655	SHEET 1 OF 2
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	SPEAKER	NTS
DATE	12.07.25	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18402**

Purchase Order Date 11/14/12

PO Print Date 11/14/12

Page Number 1 of 2

Order From :

VC-NEW002

NEWARK
C/O T27537 P.O.BOX 4275
POSTAL STATION "A"
TORONTO, ONTARIO M5W 5V8
CANADA

Contact Name

Vendor Phone 800-463-9275 Ext.Sales

Vendor Fax 888-551-4801

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	BT1.5I-M	Tie Wrap	11/21/12 Yes	1,000.00 Each	Yours ppd	\$0.0815	\$81.54 ✓
2	BT3LH-L	Tie Wrap	12/11/12 Yes	50.00 Each	Yours ppd	\$0.9026	\$45.13 ✓
3	PLT1.5M-C	Tie Wrap	11/21/12 Yes	200.00 Each	Yours ppd	\$0.1982	\$39.64 ✓
4	MPNY-750S-9-C	Mounting Pad	12/21/12 Yes	100.00 Each	Yours ppd	\$0.7540	\$75.40 ✓
5	4C5Z8	Speaker	11/21/12 Yes	14.00 Each	Yours ppd	\$20.3700	\$285.18 ✓

**CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY**

Change Nbr: 4

Change Date: 11/14/12

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18402**

Purchase Order Date 11/14/12

PO Print Date 11/14/12

Page Number 2 of 2

Order From :

VC-NEW002

NEWARK
C/O T27537 P.O.BOX 4275
POSTAL STATION "A"
TORONTO, ONTARIO M5W 5V8
CANADA

Contact Name

Vendor Phone 800-463-9275 Ext.Sales

Vendor Fax 888-551-4801

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Special Inst: AS PER DWG D4655 REV. A
B93061

PO Total:

\$526.89

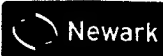
CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 4

Change Date: 11/14/12

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required - YES NO



element14

Master Packing List

Orders: 1-800-463-9275
Cust Service: 1-866-752-9279
www.element14.com
www.newark.com

Customer PO: PO18402



Canada

Ship To:

PO18402
DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY ON K6A 1K7 Canada

Sold To:

CHANTAL LAVOIE
16136325200
clavoie@dartaero.com

Rel.:

Order #: 549144

Number of Cartons: 1

Number of Lines: 3

Ship Date: 11/14/2012

Bill-To Acct: V1 659740001

Ship-To Acct:

Bill To:

Dart Aerospace Ltd
Accounts Payable
1270 Aberdeen St
Hawkesbury ON K6A 1K7 CA

Ord Line	Cust PO Line	SKU #	UOM	Order Qty	Shipped Qty	Previous Shipped Qty	Back Ordered Qty	RoHS
1	1	96F9937	PK/1000	1	1	0	0	Yes
Mfr part# BT1.5I-M Customers part# CABLE TIES: Cable Tie Length:155mm; Cable Tie Width:3.6mm; Cable Tie Material:Nylon 6.6; Tensile Strength N/m :178N/m ; Tensile Strength Pounds:40lb; Cable Bundle Diameter Min:0.8mm; Cable Bundle Diameter Max:33mm Mfr Name PANDUIT Country of Origin TW Customer Part# Shipped Qty								
3	3	78F580	PK/100	2	2	0	0	Yes
Mfr part# PLT1.5M-C Customers part# CABLE TIES: Cable Tie Length:142mm; Cable Tie Width:2.5mm; Cable Tie Material:Nylon 6.6; Tensile Strength N/m :80N/m ; Tensile Strength Pounds:18lb; Cable Bundle Diameter Min:1.5mm; Cable Bundle Diameter Max:32mm Mfr Name PANDUIT Country of Origin US Customer Part# Shipped Qty								
5	5	33M7709	EA/1	14	14	0	0	Yes
Mfr part# 4C5Z8 Customers part# Loudspeaker Mfr Name QUAM NICHOLS Country of Origin US Customer Part# Shipped Qty								

Yes = RoHS Compliant. YesX = Compliant per-exemption. See our website www.newark.com for definition of RoHS compliance. Newark is a distributor of electronic products manufactured by others. The Country of Origin data on the packing list has been provided by the manufacturer and Newark is not responsible for the accuracy

Certificate of Conformance on Reverse Side

Order Line Cust PO Line

1	1	MFR# BT1.5I-M	Part:
CABLE TIES: Cable Tie Length:155mm; Cable Tie Width:3.6mm; Cable Tie Material:Nylon 6.6; Tensile Strength N/m :178N/m ; Tensile Strength Pounds:40lb; Cable Bundle Diameter Min:0.8mm; Cable Bundle Diameter Max:33mm			
RoHS: Yes			
SKU: 96F9937			
3	3	MFR# PLT1.5M-C	Part:
CABLE TIES: Cable Tie Length:142mm; Cable Tie Width:2.5mm; Cable Tie Material:Nylon 6.6; Tensile Strength N/m :80N/m ; Tensile Strength Pounds:18lb; Cable Bundle Diameter Min:1.5mm; Cable Bundle Diameter Max:32mm			
RoHS: Yes			
SKU: 78F580			
5	5	MFR# 4C5Z8	Part:
Loudspeaker			
RoHS: Yes			
SKU: 33M7709			

To insure proper credit to your account, please contact Customer Service at 866-752-9279 for issuance of RMA number



element14

To:

Order #: 549144

Date shipped:

RMA #:

Reason for Return

ETZ 003